



Quality Incentive Payment Program (QIPP)

Revised Draft Quality Metrics for State Fiscal Year (SFY) 2024

HHSC published the proposed quality metrics for SFY 2024 on November 29, 2022, held a public hearing, and accepted written comments until December 22, 2022. One stakeholder comment was received. Upon due consideration, HHSC is not making any changes to the proposal for SFY 2024.

The quality metrics and performance requirements as revised in January 2023 will be submitted to the Centers for Medicare and Medicaid Services (CMS) for federal approval of the program. Pursuant [1 T.A.C. §353.1304 \(g\)](#), alternate measures may be substituted for measures proposed or adopted, if required by CMS.

Final quality metrics and performance requirements will be published to HHSC's QIPP website and announced via GovDelivery Alert upon receipt of CMS approval.

The Quality Incentive Payment Program (QIPP) is a state directed payment program (DPP) designed to help nursing facilities achieve transformation in care quality through innovation. QIPP was first implemented on September 1, 2017. HHSC proposes the following quality metrics for SFY 2024—the seventh QIPP program year, covering the program period that begins on September 1, 2023.

Two classes of Texas nursing facility (NF) serving residents enrolled in STAR+PLUS Medicaid are eligible to participate:

- Non-state government-owned organizations (NSGO)
- Privately-owned nursing facilities that have a percentage of Medicaid NF days of service that is greater than or equal to 65%

Providers earn payments for meeting participation and performance requirements for up to four components:

- Component One: Quality Assurance and Performance Improvement (QAPI)
- Component Two: Workforce Development
- Component Three: Minimum Data Set (MDS) CMS Five-Star Quality Measures
- Component Four: Infection Prevention and Control Program

Conditions of Participation

As a condition of participation, all NFs participating in QIPP must report all quality data denoted as required for each component as outlined below. Facilities must use Quality Assurance and Performance Improvement (QAPI) processes to develop a systematic, comprehensive, and data-driven approach to maintaining and improving safety and quality in nursing homes in the form of two Performance Improvement Projects (PIP).

A sample of the PIPs submitted at the beginning and end of the program year may be reviewed as part of program evaluation activities. Enrolled NFs must submit all requested information necessary for HHSC to evaluate to what degree the program is advancing one or more state quality goals.

If the NF does not submit completed PIP templates and attest to whether the NF held the monthly QAPI meetings, HHSC (or its appointed agent) will follow up to provide an opportunity for the provider to meet the reporting requirements. If the NF does not submit the required information within timelines communicated by HHSC, the NF will be removed from the program and all payments will be recouped.

Conditions of participation apply to the following components:

- Component 1: Facility holds a QAPI meeting each month that accords with any applicable quarterly federal and state requirements and pursues specific outcomes developed by the NF as part of a focused PIP. This metric entails an attestation by the facility administrator or authorized staff that a monthly meeting was held that incorporates all goals set forth by CMS for QAPI development.
- Component 2, Metric 3: NF has a workforce development program in the form of a PIP that includes a self-directed plan and monitoring outcomes. NF

completes the PIP reporting template with appropriate information on PIP implementation.

NOTE: A NF that fails to meet all required conditions of participation will be removed from the program retroactive to the first day of the program period. HHSC will redistribute revenue paid to facilities removed from the program to the remaining facilities participating in the program period. Facilities that meet the conditions of participation will remain enrolled in the program period. For a full list of the required conditions of participation, including conditions not discussed here, please refer to [1 TAC 353.1302\(e\)](#).

Component One

HHSC designates one metric for Component One. Component One is open only to NSGO providers. Funds in this Component are distributed monthly. As a condition of participation, NSGO nursing facilities must conduct **monthly** quality assessment and assurance (QAA) committee meetings for the implementation of a QAPI program in excess of the recommended **quarterly** meeting as required in 42 C.F.R. § 483.75, must report progress updates on their Performance Improvement Project (PIP) at the beginning and end of the program year, and must serve at least one Medicaid member per payment period. The metric is:

- **Metric 1:** Facility holds a QAPI meeting each month that accords with any applicable quarterly federal and state requirements and pursues specific outcomes developed by the NF as part of a focused PIP.

This metric entails an attestation by the facility administrator or authorized staff of a monthly meeting that incorporates all goals for QAPI development by CMS. These goals are designed around existing federal rule 42 C.F.R. § 483.75.

This metric also entails reporting ongoing data collection and analysis that inform the development and implementation of the NF's PIP, which must focus on a CMS long-stay MDS quality measure with data published on the Centers for Medicare and Medicaid Services (CMS) Care Compare website.

NOTE: As part of their QAPI process, the NF will be required to review the progress made to improve a workforce development PIP (see "Component Two" below).

HHSC will perform quality assurance reviews on a sample of providers. Failure to participate in the review or to provide supporting documentation could result in adjustments according to 1 T.A.C. §353.1301(k).

Component Two – Workforce Development

HHSC designates three equally weighted quality metrics for Component Two.

Component Two is open to all provider types, and funds are distributed monthly. The three metrics are:

- **Metric 1:** NF maintains four additional hours of registered nurse (RN) staffing coverage per day beyond the CMS mandate.
- **Metric 2:** NF maintains eight additional hours of RN staffing coverage per day beyond the CMS mandate.
- **Metric 3:** NF has a workforce development program in the form of a PIP that includes a self-directed plan and monitoring outcomes.

For metrics one and two, HHSC has outlined the following requirements for how NFs meet these metrics:

- Facilities must submit direct care staffing information (including information for agency and contract staff) based on payroll or other auditable data. Attestations to hours must be made with evidence.
- Facilities must attest to meeting the federal mandate of providing licensed nursing services 24 hours a day, with an RN on staff for at least eight consecutive hours a day, seven days a week.
- Hours above the federally mandated eight hours of in-person RN coverage must be scheduled non-concurrently with mandated hours.
- Additional hours must be dedicated to direct-care services; RN Director of Nursing (DON) or RN with administrative duties managerial hours cannot be counted towards the QIPP metrics incentivizing 4 or 8 additional hours.
- To meet metric one, NFs must provide in total 12 hours of RN coverage on at least 90 percent of the days within the reporting period.
- To meet metric two, NFs must provide in total 16 hours of RN coverage on at least 90 percent of the days within the reporting period.
- Only hours actually worked count toward additional coverage; meal breaks must be deducted from scheduled hours.
- NFs may use telehealth technologies to meet the Metric 1 and Metric 2 requirements for Component Two as long as the use of telehealth

technologies do not make NFs non-compliant with standards issued by CMS or State Survey Agency requirements.

For metric three, and as a condition of participation, all QIPP providers must submit a workforce development plan in the form of a PIP. Facilities must hold QAA committee meetings for the implementation of a QAPI program in compliance with the requirements of 42 CFR § 483.75 and must report progress updates at the beginning and end of the program year on the NF’s workforce development PIP.

HHSC will not determine specific outcomes required for meeting this metric; rather, each NF must monitor and regularly report ongoing development of its self-directed goals and outcomes. Consideration of workforce development activities specific to Certified Nursing Assistants is encouraged as part of the PIP process.

HHSC will conduct quality assurance reviews of RN hours and performance improvement projects on a sample of providers. If selected, the NF will have 14 business days to submit requested documentation to HHSC. Failure to participate in the review or to provide supporting documentation could result in adjustments pursuant to 1 T.A.C. §353.1301(k).

Component Three – Minimum Data Set CMS Quality Measures

HHSC designates four equally weighted quality metrics for Component Three.

Component Three is open to all provider types, and funds are distributed quarterly. All four metrics relate to Long-Stay Minimum Data Set (MDS) quality metrics and are measured against program-wide as well as facility-specific targets. Facility performance is based only on Medicaid managed care beneficiaries assessed during each reporting period. The four metrics are:

- **Metric 1:** (CMS N015.03) Percent of high-risk residents with pressure ulcers, including unstageable pressure ulcers.
- **Metric 2:** (CMS N031.03) Percent of residents who received an antipsychotic medication.
- **Metric 3:** (CMS N035.03) Percent of residents whose ability to move independently has worsened.
- **Metric 4:** (CMS N024.02) Percent of residents with a urinary tract infection.

Facility-specific targets are calculated as improvements upon a NF's initial baseline, beginning with a five percent relative improvement in quarter one and increasing by five percent each subsequent quarter, up to 20% relative improvement by Quarter 4. Program-wide targets are set at the most recently published national average for each quality metric. NF initial baselines and quality metric benchmarks will be posted to the QIPP website at the beginning of the SFY 2024 program year.

For a quality metric to be considered "Met" in a quarter, the NF must perform **either**:

- Equal to or better than its facility-specific target; **or**
- Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline.

Each metric-specific margin will be defined as the absolute +/- change in the national average for that metric from the previous program year to the current program year.

NFs Report MDS Assessment Data to CMS, per Federal Requirements. NFs do not have to report MDS data or results to HHSC for QIPP. HHSC will calculate NF performance each quarter based only on Medicaid managed care beneficiaries assessed during the reporting period.

Component Four – Infection Prevention and Control Program

HHSC designates one quality metric for Component Four that entails staged performance targets over the four quarters of the program year. Component Four is open only to NSGO providers, and funds are distributed quarterly. This metric is:

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- **Metric 1:** Facility has active infection control program that includes pursuing improved outcomes in vaccination rates and antibiotic stewardship^a.

Staged Quarterly Performance Targets

Quarters 1 & 3: NFs must attest to and submit documents supporting all key antibiotic stewardship and infection control elements listed below before the end of the reconciliation period:

- Evidence demonstrating implementation of antibiotic stewardship program (ASP) activities for seven core elements outlined in 'Checklist for Core Elements of Antibiotic Stewardship in Nursing Homes' ^b
- Antibiogram report from within the last six months (or from regional hospital)
- Audits (monitors and documents) of adherence to hand hygiene^c
- Audits (monitors and documents) of adherence to personal protective equipment use^d

Quarter 2: NFs must attest to and submit documentation before the end of the reconciliation period:

- Nursing Facility Administrator (NFA) and Director of Nursing (DON) completing the 'Nursing Home Infection Preventionist Training course'

^a Recommended evidence-based resource: **Implement, Monitor, and Sustain an Antimicrobial Stewardship Program**. Content last reviewed October 2016. Agency for Healthcare Research and Quality, Rockville, MD.
<https://www.ahrq.gov/nhguide/toolkits/implement-monitor-sustain-program/index.html>

^b **Seven Core Elements of Antibiotic Stewardship in Nursing Homes**. Content last reviewed August 20, 2021. Centers for Disease Control and Prevention, National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Division of Healthcare Quality Promotion (DHQP). <https://www.cdc.gov/antibiotic-use/core-elements/nursing-homes.html>

^c **Hand Hygiene Observational Audits Data Tracking Tool and User Guide**, Auditing Strategies to Improve Infection Prevention Processes in Nursing Homes. Content last reviewed July 2021. Agency for Healthcare Research and Quality, Rockville, MD.
<https://www.ahrq.gov/nursing-home/materials/prevention/observational-audits.html>

^d **Personal Protective Equipment COVID-19 Observational Audit Data Tracking Tool and User Guide**, Auditing Strategies to Improve Infection Prevention Processes in Nursing Homes. Content last reviewed July 2021. Agency for Healthcare Research and Quality, Rockville, MD.
<https://www.ahrq.gov/nursing-home/materials/prevention/observational-audits.html>

produced by CDC in collaboration with the Centers for Medicare & Medicaid Services (CMS) (CDC Train Course ID#WB4448).

The 'Nursing Home Infection Preventionist Training Course' is located on CDC's TRAIN website (https://www.train.org/cdctrain/training_plan/3814) as a free and flexible online course. The total time to complete the course is estimated at 20 hours and consists of modules that can be completed in any order and over multiple sessions.

Quarter 4: NFs must meet performance targets in **both** the vaccination measures listed below for the metric to be considered "Met" for the reporting period. NF performance will be measured against NF-specific baselines and the most recently published national average as of the beginning of the program year:

- Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine (CMS N020.02)
- Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine (CMS N016.03)

Facility-specific targets are calculated as a 5% relative improvement upon a NF's initial baseline. Program-wide targets are set at the most recently published national average for each quality metric as of the beginning of the program year.

For a vaccination quality metric to be considered "Met" in Quarter 4, the NF must perform **either**:

- Equal to or better than its facility-specific target; **or**
- Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline.

Each metric-specific margin will be defined as the absolute +/- change in the national average for that metric from the previous program year to the current program year.

NFs Report MDS Assessment Data to CMS, per Federal Requirements. NFs do not have to report MDS data or results to HHSC for QIPP. HHSC will calculate NF performance each quarter based only on Medicaid managed care beneficiaries assessed during the reporting period.

Quality Measure Summaries

Table 1: Final Quality Metrics

Component	Type	Tag(s)	Metric
One	State Benchmark Required as a condition of participation	N/A	Facilities must conduct monthly quality assessment and assurance (QAA) committee meetings for the implementation of a QAPI program in excess of the recommended quarterly meeting as required in 42 C.F.R. § 483.75, must report progress updates on their PIP at the beginning and end of the program year, and must serve at least one Medicaid member per payment period.
Two: Metric 1	State Benchmark	N/A	NF maintains four additional hours of RN coverage per day, beyond the CMS mandate
Two: Metric 2	State Benchmark	N/A	NF maintains eight additional hours of RN coverage per day, beyond the CMS mandate

Component	Type	Tag(s)	Metric
Two: Metric 3	State Benchmark Required as a condition of participation	N/A	Facilities must hold QAA committee meetings for the implementation of a QAPI program in compliance with the requirements of 42 CFR § 483.75 and must report progress updates at the beginning and end of the program year on the NF's workforce development PIP.
Three: Metric 1	Minimum Data Set	CMS N015.03	Percent of high-risk residents with pressure ulcers
Three: Metric 2	Minimum Data Set	CMS N031.03	Percent of residents who received an antipsychotic medication
Three: Metric 3	Minimum Data Set	CMS N035.03	Percent of residents whose ability to move independently has worsened
Three: Metric 4	Minimum Data Set	CMS N024.02	Percent of residents with a urinary tract infection

Component	Type	Tag(s)	Metric
Four (One metric with staged quarterly performance targets)	State Benchmark	Quarters 1 & 3 Performance Targets: The NF must submit evidence-based infection control policies and supporting documentation that include seven stipulated antibiotic stewardship elements, observational audits of hand hygiene and PPE adherence and antibiogram report.	
Four (One metric with staged quarterly performance targets)	State Benchmark	Quarter 2 Performance Target: The NF must submit supporting documentation for the following training elements: <ul style="list-style-type: none"> • Nursing Facility Administrator (NFA) and Director of Nursing (DON) submit current certificate of completion for "Nursing Home Infection Preventionist Training Course" developed by CMS and the CDC. 	
Four (One metric with staged quarterly performance targets)	Minimum Data Set	Quarter 4 Performance Targets: To meet the metric, both percentages must meet or exceed the performance targets: <ul style="list-style-type: none"> • Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine • Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine 	